U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution; fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number 4 - 3706	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person filing.	Name, file number, and address of labor organization.					
Name John F Conley	Name Industrial, Technical & Prof. Employees Union					
	Labor Organization File Number 530-913					
P.O. Box, Bldg., Room No., if any P.O. Box 22699	P.O. Box, Building and Room Number, if any P.O. Box 22699					
Street 2222 Bull Street, Ste. 200	Street 2222 Bull Street, Ste. 200					
City Savannah	City Savannah					
State Georgia ZIP Code + 4 31403	State Georgia ZIP Code + 4 31403					
5. Position in labor organization. Union President						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name ITPE Health & Welfare Fund I am a Trustee of the Fund. The amound below was for reimbursement of travel incurred in connection with attendance participation at Trustees Meetings.						
P.O. Box, Bldg., Room No., if any						
	7.b. Amount.					
Street 24 Oglethorpe Professional Blvd.						
City Savamah	\$3,548					
State Georgia ZIP Code + 4 31046						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
Signed Jahn F. Conley	On 07/13/2005 912-232-6181					
	Date Telephone Number					
Form LM-30 (2003)						

Name of Person Filing John Conley		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name TTPB Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 255 Street 6851 Jericho Turnpike City Sysosset State New York ZIP Code + 4 11791	9. Business deals with: ** ** ** ** ** ** ** ** **					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.				
Name All Contributing Employers Trade Name, if any: P.O. Box, Bldg., Room No., if any	The Fund is a Taft-Hartley Trust created pusuant to agreement between the Union and various Employers and to which Employers make contributions on behalf of Union-reprented employees in accordance with collective bargaining agreements.					
Street	44 h Approvimento dellar valua	of quality decline				
	11.b. Approximate dollar value		Not Applicable			
State ZIP Code + 4	I am a Trustee of t below was for reimb connection with att Trustees Meetings.	he Fund. The amoursement of expe	nses incurred in			
		an COME (ANN) COME (AN	er stamburtaren o stamber er eta era era era era era era era era era er			
	12.b. Amount.		\$7,197			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	eta ajak da-maraj-rapo-ingonangonangonangonangonangonangonangon				
Name	TOTOTOPIONATORIA		esin er autor scroning scronin			
Trade Name, if any:	Pediatervezianinin		NACAZONESCUZZERNENNAC			
P.O. Box, Bldg., Room No., if any	demographosolatinik		vorvecconvenan			
Street	no management of the second of		pi-deministration (diche lette			
City	чин на намения на		фотоголитатуры			
State ZIP Code + 4	Bergaran menendera pinta den 1966, Frantido i jain pinta ja kan pinta ja mangala kan pinta ja	al epitalingo-di-40 Norwendo (60 Kanta-kenere en provvengo), familingo-deno contra a re anteningo bisan	en eren notat para se sa menera de la menera con conservenem én atributación de atra para menera mena que que de			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		and particular for the second			

Name of Person Filing John Conley	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (?) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any) Name ITPE Annual Benefit Fund Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 255 Street 6851 Jericho Turnpike City Sysosset State New York ZIP Code +4 11791	9. Business deats with: A a. Labor Organization b. Trust C. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name All Contributing Employers Trade Name, if any:	The Fund is a Taft-Hartley Trust created pusuant to agreement between the Union and various Employers and to which Employers make contributions on behalf of Union-reprented employees in accordance with					
P.O. Box, Bldg., Room No., if any	collective bargaining agreements.					
	11.b. Approximate dollar value of such dealing. Not Applicable					
City	12.a. Nature of interest held or income received.					
State State State	I am a Trustee of the Fund. The amount stated below was for reimbursement of expenses incurred in connection with attendance and participation at Trustees Meetings.					
	12.b. Amount. \$7,891					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City Control of the State of th						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					